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Attorneys for Defendants Stewart Charitable Remainder
Unitrust (Gary Stewart-Trustee); Stewart Charitable
Remainder Unitrust (Ilene Stewart-Trustee); Gary L. Stewart;
Novak Partnership, aka a California Limited Partnership
(Alyce Novak-General Partner); Suzanne Rosen; Ilene Stewart;
Kelly E. Sinon

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

----- X
OLD LADDER LITIGATION CO., LLC, as : 08 Civ. 0876 (RMB) (THK)
Litigation Designee on behalf of the :
Liquidation Trust, :

Plaintiff, : **DECLARATION OF GARY STEWART**
-against- : **IN SUPPORT OF DEFENDANTS' JOINT**
Investcorp Bank B.S.C., et al., : **MOTIONS TO TRANSFER VENUE AND**
Defendant. : **TO DISMISS THE COMPLAINT**

----- X

I, Gary Stewart, declare as follows:

1. Ilene Stewart ("Ilene") is named as a defendant in the above action.
2. I was Ilene's husband.
3. I make this declaration in support of *Defendants' Joint Motions to Transfer Venue and to Dismiss the Complaint*.
4. I have personal knowledge of the facts set forth below, and if called as a witness, I could and would competently testify thereto.
5. Ilene resided in Escondido, California at the time of her death, thereby making her a California domiciliary.
6. Ilene died in California on July 24, 2002 as reflected in her Certificate of Death ("Certificate"). A true and correct copy of the Certificate is attached hereto as Exhibit "A" and incorporated herein by reference.

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed this ____ day of May, 2008 at Escondido, California.

Dated: May _____, 2008

Gary Stewart

("Certificate"). A true and correct copy of the Certificate is attached hereto as Exhibit "A" and incorporated herein by reference.
I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed this
____ day of May, 2008 at Escondido, California.

Dated: May 30, 2008

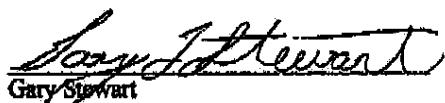

Gary Stewart

Exhibit “A”

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDCOUNTY OF ORANGE
HEALTH CARE AGENCY1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 2002 30 010242

STATE FILE NUMBER		USE BLACK INK ONLY; ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 10/81)		LOCAL REGISTRATION NUMBER		
DECEDENT PERSONAL DATA	1. NAME OF DECEASED—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)			
	ILENE	JOYCE	STEWART			
	4. DATE OF BIRTH <input type="text"/> M/M/D/CCYY	5. AGE YRS MONTHS DAYS	6. IF UNDER 28 HOURS HOURS MINUTES	7. SEX FEMALE	8. DATE OF DEATH M/M/D/CCYY	9. HOUR EST 1618
	08/02/1945	56			07/24/2002	
	10. STATE OF BIRTH	11. SOCIAL SECURITY NO.	12. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	13. MARITAL STATUS <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	14. EDUCATION—YEARS COMPLETED 16	
	NY	122-34-7559				
	14. RACE WHITE	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. USUAL EMPLOYER SANDIA NATIONAL LABORATORIES			
	17. OCCUPATION CONTRACT ADMINISTRATOR	18. MIND OF BUSINESS RESEARCH	19. YEARS IN OCCUPATION 15			
	20. RESIDENCE—STREET AND NUMBER OR LOCATION 3586 PRINCE STREET					
21. CITY ESCONDIDO	22. COUNTY SAN DIEGO	23. ZIP CODE 92025	24. YRS IN COUNTY 5	25. STATE OR FOREIGN COUNTRY CA		
INFORMANT GARY L. STEWART/HUSBAND		27. MAILING ADDRESS (STREET AND NUMBER OR ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3586 PRINCE STREET/ESCONDIDO, CA 92025				
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST GARY	29. MIDDLE LEE	30. LAST (MATERIAL NAME) STEWART	34. BIRTH STATE NY		
	31. NAME OF FATHER—FIRST ALAN	32. MIDDLE —	33. LAST NOVAK	35. BIRTH STATE NY		
	36. NAME OF MOTHER—FIRST ALYCE	37. MIDDLE —	38. LAST (MATERIAL NAME) KAPLAN	39. BIRTH STATE NY		
40. DATE M/M/D/CCYY	41. PLACE OF FINAL DISPOSITION 08/01/2002 RES: GARY L. STEWART, 3586 PRINCE STREET/ESCONDIDO, CA 92025				43. LICENSE NO.	
42. SIGNATURE OF EMBALMER CR/RES		44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY/RIVERSIDE				45. DATE M/M/D/CCYY 07/31/2002
46. LICENSE NO. FD 1307		47. SIGNATURE OF FUNERAL DIRECTOR Mark B. Horton				
PLACE OF DEATH	101. PLACE OF DEATH DRAINAGE DITCH	102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	104. COUNTY ORANGE		
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION BEHIND: 31896 CAMINO CAPISTRANO					106. CITY SAN JUAN CAPISTRANO
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			108. DEATH REPORTED TO CORoner <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 02-04910-6A		
	IMMEDIATE CAUSE (A) THERMAL INJURIES				MINUTES	
	DUE TO (B) VEHICLE FIRE				MINUTES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (C) <input type="checkbox"/>					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (D) <input type="checkbox"/>					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 HYPERTROPHIC CARDIOMYOPATHY WITH CARDIOMEGLY; HEPATOMEGLIC STEATOSIS; MODERATE ARTERIONEPHROSCLEROSIS; LEPTONYCHIC UTERI						113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE NO
PHYSICIANS CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED PHYSICIAN DECEASED LAST SEEN DATE M/M/D/CCYY M/M/D/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER Mark B. Horton, M.D.	116. LICENSE NO.	117. DATE M/M/D/CCYY	
			118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 31896 CAMINO CAPISTRANO, CA 92675			
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE M/M/D/CCYY 07/24/2002	122. HOUR EST 1615	123. PLACE OF INJURY DRAINAGE DITCH
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) PASSENGER OF MOTORHOME/ROLLOVER			
JJH/TC STATE REGISTRAR	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) BEHIND: 31896 CAMINO CAPISTRANO		126. SIGNATURE OF CORONER OR DEPUTY CORONER Mark B. Horton, M.D.	127. DATE M/M/D/CCYY 07/25/2002	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER DEPUTY CORONER RODNEY H. THOMAS	
					4267M CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE } SS

DATE ISSUED

AUG 13 2002

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



MIDWESTERN NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA


AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
: ss.:
COUNTY OF NEW YORK)

Kenneth J. Horrmann, being duly sworn, deposes and says:

1. I am not a party to the action, am over 18 years of age and am employed by Skadden, Arps, Slate, Meagher & Flom LLP, Four Times Square, New York, NY 10036.

2. On June 2, 2008, I served the following:

- *Notice of Motion,*
- *Opening Memorandum of Law in Support of Defendants' Joint Motions to Transfer Venue and to Dismiss the Complaint,*
- *Declaration of Michael D. Brooks,*
- *Declaration of Anthony W. Clark,*
- *Declaration of David M. Conn,*
- *Declaration of Daniel M. DiDomenico,*
- *Declaration of John J. Dylak,*
- *Declaration of Christopher G. Filardi,*
- *Declaration of Bruce B. Fischer,*
- *Declaration of Karen R. Garcell,*
- *Declaration of Vincent J. Garcell,*
- *Declaration of Edward W. Gericke,*
- *Declaration of Timothy K. Lewis,*
- *Declaration of Neal R. Martin,*
- *Declaration of Lisa A. Pressler,*
- *Declaration of John M. Remmers,*
- *Affidavit of Steven P. Richman,*
- *Declaration of Christopher J. Stadler,*
- *Declaration of Gary Stewart,*
- *Declaration of Thomas J. Sullivan,*
- *Declaration of Gregory W. Werkheiser,*
- *Declaration of Eric J. Werner; and*
- *Declaration of Michael S. Wong*

by first-class mail by depositing same in a post-paid properly addressed envelope, in an official depository under the exclusive care and custody of the U.S. Postal Service within the State of New York upon:

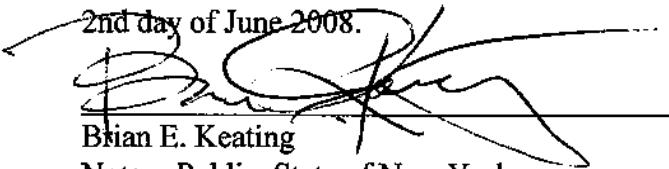
Kevin C. Walz
8045 Bainbrook Drive
Chagrin Falls, OH 44023

David A. Cardillo
23 St. Glory Road
Greenville, PA 16125

Kenneth J. Horrmann

Kenneth J. Horrmann

Sworn to before me this
2nd day of June 2008.


Brian E. Keating
Notary Public, State of New York
No. 01KE5009535
Qualified in Westchester County
Certificate Filed in New York County
Commission Expires March 15, 2011